

HCS SS SB 621 -- HEALTH CARE

SPONSOR: Romine (Barnes)

COMMITTEE ACTION: Voted "Do Pass with Amendments" by the Standing Committee on Health and Mental Health Policy by a vote of 9 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 9 to 0.

This bill changes the laws regarding health care.

COMPASSIONATE MEDICAL EDUCATION ACT (Sections 9.14, 191.594, and 191.596, RSMo)

This bill creates the Show-Me Compassionate Medical Education Act and designates August 28, 2016, as "Show-Me Compassionate Medical Education Day" in Missouri. Citizens are encouraged to participate in activities and events to increase awareness regarding medical student wellbeing. A medical school may not restrict any specified organization from conducting a study of the prevalence of mental health issues among medical students or punishing a specified organization or student for any involvement with such a study. The bill creates the Show-Me Compassionate Medical Education Research Project Committee, specifies the tasks of the committee, and permits medical schools in the state to collaborate with the committee to conduct a study of how to reduce medical student depression and suicide. The requirements of any study conducted under the provisions of the bill are specified and the committee is required to produce an annual report that must be made available on each medical school's website and provided to the General Assembly.

TELEHEALTH SCOPE OF PRACTICE (Sections 191.1145 and 191.1146)

The bill defines telehealth and authorizes any Missouri licensed health care provider to provide telehealth services within his or her scope of practice with the same standard of care as services provided in person. These provisions must not apply to informal consultation by a provider licensed in another state, emergency care provided by a provider licensed in another state, and episodic consultation by a provider licensed in another state. The bill prohibits an originating site from being required to maintain immediate staff except in certain circumstances and so long as the standard of care is met.

Physicians practicing telehealth must ensure a properly established physician-patient relationship exists with the patient receiving telemedicine services. The bill delineates how a physician may establish a physician-patient relationship, including through the use of telemedicine.

MO HEALTHNET REIMBURSEMENT (Section 208.152)

Beginning July 1, 2016, and subject to appropriations, the bill requires the MO HealthNet Division within the Department of Social Services to reimburse eligible providers, including psychologists of behavioral, social, and psychophysiological services, including psychologists for the prevention, treatment, or management of physical health problems . A provider must be reimbursed utilizing the specified behavior assessment and intervention reimbursement codes or their successor codes under the Current Procedural Terminology coding system maintained by the American Medical Association.

TELEHEALTH STORE-AND-FORWARD TECHNOLOGY (Sections 208.671 and 208.673)

The bill changes the laws regarding the use of store-and-forward technology in the practice of telehealth services for MO HealthNet recipients. The bill defines "asynchronous store-and-forward" as the transfer of a participant's clinically important digital samples, such as still images, videos, audio, and text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the participant and the patient's treating provider. The bill requires the Department of Social Services, in consultation with the departments of Mental Health and Health and Senior Services, to promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in MO HealthNet. The rules must address asynchronous store-and-forward usage issues as specified in the bill.

Telehealth providers using asynchronous store-and-forward technology must obtain the participant's consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information. Asynchronous store-and-forward technology in the practice of telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. The total payment for both the treating provider and the consulting provider must not exceed the payment for a face-to-face consultation of the same level. The standard of care for the use of asynchronous store-and-forward technology in the practice of telehealth must be the same as the standard of care for face-to-face care.

The bill establishes the Telehealth Services Advisory Committee to advise the Department of Social Services and propose rules

regarding the coverage of telehealth services utilizing asynchronous store-and-forward technology. The committee must be comprised as specified in the bill and must serve terms as delineated in the bill.

TELEHEALTH PROVIDERS AND ORIGINATION SITES (Sections 208.675 and 208.677)

The bill requires specified individuals who are licensed in Missouri to be considered eligible health care providers for the provision of telehealth services in the MO HealthNet Program. The bill defines "originating site" as a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter. Originating sites are specified in the bill.

If the originating site is a school, the school must obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.

HOME TELEMONITORING SERVICE (Section 208.686)

Subject to appropriations, the Department of Social Services must establish a statewide program that permits reimbursement under the MO HealthNet Program for home telemonitoring services. The bill defines "home telemonitoring service" as a health care service that requires scheduled remote monitoring of data related to a participant's health and transmission of the data to a health call center accredited by the Utilization Review Accreditation Commission. The program must:

- (1) Provide that home telemonitoring services are available only to individuals who are diagnosed with conditions specified in the bill and who exhibit two or more of specified risk factors;
- (2) Ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the participant's physician; and
- (3) Ensure that the program does not duplicate any disease management program services provided by MO HealthNet.

If, after implementation, the department determines that the program established under these provisions is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet Program. The department must determine whether the provision of home telemonitoring services to individuals who are eligible to receive benefits under both the MO HealthNet and Medicare programs achieves cost savings for the Medicare Program.

If, before implementing any of these provisions, the department determines that a waiver or authorization from a federal agency is necessary for implementation, it must request the waiver or authorization and may delay implementation until the waiver or authorization is granted.

TELEHEALTH PRESCRIPTIONS (Section 334.108)

The bill adds telemedicine prescriptions to current provisions requiring physicians issuing Internet prescriptions to establish a valid physician-patient relationship and specifies what the relationship must include. The bill adds assistant physicians to the list of physician designees who may establish a physician-patient relationship. The bill prohibits a health care provider, physician or his or her delegate, on-call physician, or advanced practice registered nurse from prescribing a drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone unless a previously established and ongoing valid physician-patient relationship exists and prohibits a health care provider from prescribing based solely on an Internet request or an Internet questionnaire.

The bill has an emergency clause for certain provisions.

PROPONENTS: Supporters say that telehealth is just a tool but it can provide better health care in underserved areas throughout Missouri. The idea is that through telehealth we can deliver services perhaps as effective and even more efficiently to those who wouldn't otherwise regularly have access to the services. The use of telehealth can cut out the cost of nonemergency medical transporting from rural Missouri to urban areas to see specialists by effectively bringing the specialist to the patient using telehealth. Telehealth saves money, increases access to health care, and meets the demands of tech savvy consumers. Telehealth is an incredible opportunity and tool to extend care to areas of need. Information technology allows skilled physicians to share their expertise with patients they would otherwise be unable to see. Telehealth can make primary care physicians better physicians overall and can increase access to health care to the most needy parts of Missouri.

Testifying for the bill were Senator Romine; Missouri Pharmacy Association; United Healthcare Services, Inc.; Missouri Hospital Association; Missouri State Medical Association; Coxhealth; Oxford Health Care; Anthem; Missouri Association Of Physicians And Surgeons; Missouri Psychological Association; SSM Health Care; BJC Health Care Systems; Missouri Association Of Rural Health Clinics; Wal-Mart Stores, Inc.; and Teledoc.

OPPONENTS: There was no opposition voiced to the committee.